

FEB 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1994

1. PLACE OF DEATH

54 County Lafayette
 6 Township Lexington
 4 City Lexington (No. 2)

Registration District No. 461
 Primary Registration District No. 3024

File No. 1
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Laura Ireland Frazier

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin B. Frazier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 230

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) Lexington, Mo. (STATE OR COUNTRY)

13. NAME B.R. Ireland

14. BIRTHPLACE (CITY OR TOWN) Lebanon, Tenn. (STATE OR COUNTRY)

15. MAIDEN NAME Cynthia J. Hutchins

16. BIRTHPLACE (CITY OR TOWN) Nautches, Miss. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Robert Ferguson, Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE Jan. 7, 1937

19. UNDERTAKER (ADDRESS) Winkler, Lexington, Mo.

20. FILED Jan 7 1937 Jay B. Bates Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1936, to Jan 5, 1937.
 I last saw him alive on Jan 5, 1937. Death is said to have occurred on the date stated above, at 1:17 p.m.
 The principal cause of death and related causes of importance were as follows:

Fracture Skull Date of onset _____

Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury 2-28, 1936
 Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fracture of Skull - Fall
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) B. H. Braslow, M. D.
 (Address) Lexington, Mo.

